

1. Event (check one):

Marathon _____ Half Marathon _____

2. T-Shirt size. Sizes are unisex sizing (check one):

Small _____ Medium _____ Large _____ X-large _____

3. Personal Information

i. Name:

ii. Email address (required):

iii. Date of birth:

iv. Age on Race Day:

v. Sex (circle one): (Male/Female)

vi. ID card No/Passport No.:

vii. Address:

viii. Phone:

ix. Emergency contact (name and #):

4. Please attach any of the following:

i. Passport copy (International participants)

ii. Work permit copy (Ex-pats)

WAIVER FORM

ALL PARTICIPANTS IN BHUTAN INTERNATIONAL MARATHON AND HALF MARATHON ("EVENT") CONDUCTED BY BHUTAN OLYMPIC COMMITTEE (BOC) ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned Athlete/Individual ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue BHUTAN OLYMPIC COMMITTEE, its parent, the host city, county, and Royal government of Bhutan, BOC, any and all municipal whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, sponsors, successors and assigns, (collectively "Releasees") from all liability to the Athlete/Individual and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. The athlete/Individual represents and warrants that he/she is in the good physical condition and is able to safely participate in the Event. The athlete/Individual is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete/Individual hereby assumes all risks of loss (es), damage(s), or injury (ies) that may be sustained by him/her while participating in the Event. Athletes/Individuals agree to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete/Individual acknowledges and agrees that information he/she provides during the registration and relating to his/her participation in this event may be used by BHUTAN OLYMPIC COMMITTEE and its business partners without compensation. Athlete/Individual agrees to receive communications (emails, phone calls, emails) from BHUTAN OLYMPIC COMMITTEE relating to the event subscribed. The athlete/Individual acknowledges that the entry fee paid is non-refundable and non-transferable. Athletes/Individuals acknowledge and agree that BHUTAN OLYMPIC COMMITTEE, in its sole discretion, may delay or cancel the Event if it believes the conditions on the race day are unsafe. In the event that the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labour difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of BHUTAN OLYMPIC COMMITTEE. There shall be no refund of the entry fee or any other costs of the Athlete in connection with the Event. The Athlete/Individual hereby grants to any medical director of the Event, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete/Individual understands that they have the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's/Individual's medical condition becomes such that the Athlete's/Individual's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete/Individual. It is understood and agreed that Athlete/Individual hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete/Individual warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete/Individual to participate in the Event. ATHLETES/INDIVIDUALS HAVE READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF THE ATHLETE IS UNDER AGE 16 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. The athlete's/Individual Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athletes/Individual Parent/Guardian further certify that my son/daughter/ward is in the good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

PARTICIPANTS SIGNATURE

DATE:

PLACE:

SIGNATURE OF THE PARENT OF MINOR

DATE:

PLACE: